

amount of time it will take the young borrower to pay off this debt.

A student using a card with an 18 percent annual percentage rate who makes a minimum monthly payment of \$75 will be paying off that credit card balance of \$2,700 over 15 years, paying as much interest on the balance as he or she originally borrowed.

The Daily Texan, a newspaper of the University of Texas, recently reported that the university's legal services office sees students who are struggling with debt at the rate of one every 2 weeks.

The university counselor said "the highest voluntary credit debt I have seen was \$45,000. Most students who come in with major problems are the ones whose debts range from \$8,000 to \$15,000." That is the common range of debt for a college student in Texas.

In addition, the nonprofit Consumer Education Center in Austin, Texas, helps about a half dozen students every week to try to deal with credit problems. But let me be clear, the problem is certainly not specific to Texas. As I pointed out, in Indiana, more students leave college because of debt than because of academics. This is the story on every college campus.

Leslie Starkey, the niece of one of my staffers, was a young successful advertising executive in New York City, but she had been burdened by thousands of dollars of credit card debt since college. It was not very long after Leslie had pulled herself out of this crushing debt with the help of a credit card counselor that she was killed in a tragic fall. She was 28 years old and had lived only a short time with the joy of being debt free.

We owe it to Leslie and other young people who have committed suicide because they could not meet their credit card debt obligations to enact this legislation so that they will not be spending what is the best time of their lives under the burden of enormous credit card debt.

Mr. Speaker, I regret to say that the bankruptcy laws that recently passed this House will do nothing to help these young people.

REGARDING THE NEED FOR A DEFENSE SUPPLEMENTAL

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Missouri (Mr. SKELTON) is recognized for 5 minutes.

Mr. SKELTON. Mr. Speaker, yesterday I returned from the West Coast where I visited several naval installations and talked with numerous Navy and Marine personnel. As a result, I am all the more convinced of the need for a supplemental appropriation now. Family housing roofs are leaking, aircraft are being cannibalized, and training is being curtailed or canceled.

I am dismayed that the White House has apparently rejected the idea of a

supplemental appropriation for 2001. Such a supplemental would pay for costs already incurred in operations around the world. It is not a matter subject to a strategic review of our future; it is paying for our past. Why it should be off limits to pay what we owe is a mystery to me.

Mr. Speaker, it is a disquieting truth that our military services rely on supplemental funding when making their budgets. They are allowed to budget for procurement, research, pay and training. All of these costs are largely predictable. But they are not allowed to budget in advance for most operations because the nature and tempo of the operations can never be foreseen.

In a way, the Navy includes some operations funding in its peacetime budget. Overseas rotations is part of its normal operating procedure, so deployments require little additional funding when they go into action. The Air Force is getting toward that concept as well, but even they need supplemental help to cover the cost of operations.

Even if a supplemental is proposed later in the year, it is sort of like the fire department showing up after one's house has burned down.

One reason I enjoy serving on the Committee on Armed Services, Mr. Speaker, is that I get to speak regularly with our troops and their commanders. One message that has been coming through with exact clarity, from field commanders and service chiefs alike, is the need for an immediate supplemental. They have been forced to borrow against training money to keep operations going, and that bill has come due. As a result, training is slowing to a crawl or stopping. Some ammunition supplies are exhausted. Our military is not being kept up to standard.

That is what I hear. It is not just one service; it is all of them. That, Mr. Speaker, is why we need an immediate supplemental.

By immediate supplemental, I do not mean the check in the hand by the close of business Friday, although that would not hurt. But I do mean an immediate and public commitment that there will be a supplemental, a commitment that help is on the way. If the chiefs know a supplemental is coming, even one late in the fiscal year, they can resume full activity confident that their coffers will be replenished. Absent that assurance, though, the only prudent and, in many cases, the only legal thing for them to do is to stop training.

This is a test of the new administration, Mr. Speaker, a test of their word and of their world view. If the military is to be sacrificed on the altar of a tax cut, if help is not truly on the way, then skip the supplemental. But if the Nation's commitment to our men and women in uniform is real, then they should step up and pay what is owed.

CONSOLIDATED HEALTH CENTERS BUDGET

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Missouri (Mr. CLAY) is recognized for 5 minutes.

Mr. CLAY. Mr. Speaker, I rise to add my voice to those calling for a substantial increase in the fiscal year 2002 budget appropriation for the consolidated health centers program.

Community health centers provide critical primary and preventive health care services to over 11 million low-income and uninsured patients in more than 3,000 rural and urban communities throughout our country. In my own district, thousands of citizens benefit greatly from the quality health care they receive at our local community health care clinics.

The fact that this program has enjoyed strong bipartisan support throughout its 30 years' existence is itself a testament to the success they have achieved in providing needed health care services to our Nation's most vulnerable populations.

While I am encouraged by the President's call to double the level of service these health centers provide, I believe his proposed funding increase of \$124 million will not adequately cover the critical demand for quality health care by the uninsured.

There are over 45 million people in our country without access to affordable health care insurance; and, sadly, that number continues to rise.

Nowhere is the problem of access to quality health care more critical than within the African American community where economic factors and limited health care options exacerbate an already disproportionate health care crisis.

Community health care centers are a vital component in addressing the health care gap that exists in minority communities across this country. But if they are to continue to meet the growing health care needs of those communities, it is imperative that we increase the consolidated health centers program funding by \$250 million in fiscal year 2002.

□ 1815

Mr. Speaker, with an additional \$250 million, we can expand community health care facilities in rural and urban communities and provide quality health care to an additional 70,000 uninsured individuals. I urge the Committee on Appropriations and all of my House colleagues to support a \$250 million increase in funding for the consolidated health care program.